Sign Out   Edit   View   Format   Chat/Help

ICANotes
Behavioral Health EHR

Continue   Photo   Chart Details   **Vanna**
                                                      Patient

Demographics

Go to E-Prescribe

Anaphylactic Reaction Reported ☐

Patient Information	Insurance Information

*Name (F,M,L,Suffix)   **Nicole**   **S**   **Vannatter**   *Date of Birth   **5/23/1995**

☐ Homeless   Address   **717 Reynolds Circle**   Unique Patient ID   **1000010718235**

☐ Bad Address
               Addr 2 / Appt #   County   **Grant**   🔍   *Gender   **woman**

☐ Sample
  Chart   City, State, Zip   **Silver City**   **NM** ⌄   **88061**   Refer to patient as   **Nicole**

Best Phone   Home Phone   Country   **US**   SSN #   **649-05-9459**
○ Home
○ Work   Cell Phone   **(575)574-0734**   Other Names   Alt. Patient ID
○ Cell
              Work Phone   ext   Previous Address

Patient Status   Email

● Active
○ Inactive   Email 2   **Patient's Condition**
○ Pending
               Portal ☐   Date Of Current Illness Onset   📅   D

API ☐   Date of Current Admission: From

Appt Reminders via: ☐ Email ☐ Text Message ☐ Phone Message

Employment Status   [▼]   Dates Unable To Work: From

School or Employer

Grade   [⌄]   Birth   Condition Related To Employment?   ○
                     Order   Condition Related To Auto Accident?   ○
Marital Status   [⌄]   Condition Related To Other Accident?   ○

Sexual Orientation   Multiple
                                Birth   In treatment Previously? ○Y ○N If yes, whe
*Ethnicity   **Hispanic or Latino**
                                         Date Of Death   📅   Preliminary Ca
Ethnicity 2   more

Religion   [⌄]

Annual Household Income   [⌄]

Family Size   [   ]

Veteran ○Y ○N   Release   A
                             ☐ of Info
*Race   **White**   [▼]   Miscella

Race 2   [▼]   Patient
                             Calendar
*Preferred Language   [▼]   Note

Disability   [▼]

Native American ○Y ○N   *Tribal Affiliation*

Assigned Providers   **Daniella Ramirez, CPSW** Role X **Principal** ▲   < Select a Clinician >   **Where Seen**   Med Rec
are allowed to sign   < Multiple Clinicians >   Prime **SPIN Supporting**
Notes for this Patient   ▼   **Assign Provider(s)**   Add New Location

Red fields are required *Blue fields are optional but add info to clinical note.*   Show   Fields used by elec
   * = Required for Meaningful Use   ✓ *= Patient Has Accessed Portal*